



Ph: 740.452.1200

### SPECIAL EVENT REGISTRATION

#### Participant's Information

_____	_____	_____	_____	Home Phone: ( ) _____
Participant's Name	Sex	Age	D.O.B.	
_____	_____	_____	_____	Cell Phone: ( ) _____
Participant's Name	Sex	Age	D.O.B.	
_____	_____	_____	_____	Emergency: ( ) _____
Street	City	State	Zip	

Medical conditions or allergies to which we should be alerted?: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Place of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Place of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

If your child were to appear in a group or individual photo taken on our premises, are we free to use it for advertising purposes (brochure, etc.)?  Yes  No  
Would you like to be sent information on our classes?  Yes  No

#### Assumption of Risk, Waiver of Liability, Medical Authorization

As legal guardian of \_\_\_\_\_, hereafter, child (ren), I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, and cheerleading. Being fully aware of these dangers, I voluntarily consent to the aforementioned person (s) participating in any and all Champion Gymnastics & Cheer LLC programs and activities and I ACCEPT ALL RISKS associated with that participation.

In consideration for allowing my child (ren) to use these facilities, I, on my own behalf of my child (ren) and our respective heirs, administrators, executors, and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Champion Gymnastics & Cheer LLC, it's officers, directors, employees, or agents from all liability for any and all damages or injuries suffered by my child (ren) while under the instruction, supervision, or control of Champion Gymnastics & Cheer LLC including, without limitation, those damages or injuries resulting from acts of negligence of its officers, directors, employees, or agents.

In the event of an accident or emergency I would like my above mentioned child (ren) to be taken to a hospital for medical treatment and I hold Champion Gymnastics & Cheer LLC and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child (ren) as a result of any injury sustained while participating at or for Champion Gymnastics & Cheer LLC.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

**Champion Gymnastics & Cheer • 1522 Highpointe Court • Zanesville, OH 43701 • ph: (740) 452-1200**  
**Please read the Registration Agreement and Understanding attached before applying signature.**

**Please fill out this form and bring it with you the day of the party!**